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|--|---|--|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br><small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))</small>   |   | Docket Number (Optional)<br><b>P-4269-US</b> |
| <b>In re Application of:   IDDAN, Gavriel J.</b>   |   |  |
| <b>Application Number:   10/694,092</b>  | <b>Examiner:           Matthew John Kasztejna</b>   |  |
| <b>Filed:                   October 28, 2003</b>   | <b>Group Art Unit:   3739</b>   |  |
| <b>For:                    IN-VIVO EXTENDABLE ELEMENT DEVICE AND SYSTEM, AND METHOD OF USE</b>   |   |  |
| <small>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.<br/>The requested extension and appropriate fee are as follows (check time period desired):</small> |   |  |
|  | <u>Fee</u>  | <u>Small Entity Fee</u>                      |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120   | \$60      \$120.00                           |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$450   | \$225      \$                                |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1020  | \$510      \$                                |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1590  | \$795      \$                                |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2160  | \$1080      \$                               |
| <br><input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27  |   |  |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.   |   |  |
| <input type="checkbox"/> Payment by credit card Form PTO-2038 is attached  |   |  |
| <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account  |   |  |
| <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account Number 50-3355 I have enclosed a duplicate copy of this sheet                       |   |  |
| <br>I am the <input type="checkbox"/> assignee of record of the entire interest  |   |  |
| <input type="checkbox"/> applicant   |   |  |
| <input checked="" type="checkbox"/> attorney or agent of record  |   |  |
| <input type="checkbox"/> Attorney or agent under 37 CFR 1.34(a).   |   |  |
| <small>Registration number if acting under 37 CFR 1.34(a).</small>   |   |  |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>  |   |  |
| April 8, 2005<br>_____<br>Date   | <br>_____<br>Signature<br>Caleb Pollack Reg. No. 37,912<br>_____<br>Typed or printed name |  |
| <b>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives(s) are required. Submit multiple forms if more than one signature is required, see below.</b>  |   |  |
| <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> Total of            forms are submitted.</div>  |   |  |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form call 1-800-PTO-9199 and select option 2

04/12/2005 MBEYENE1 00000103 503355 10694092

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# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10 694 892

## CLAIMS AS FILED - PART I

|   | (Column 1)    | (Column 2)   |
|---|---------------|--------------|
| TOTAL CLAIMS  | 25            |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 25 minus 20 = | * 5          |
| INDEPENDENT CLAIMS  | 4 minus 3 =   | * 1          |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | * 26                             | Minus ** 25                        | = 1           |
| Independent   | * 5                              | Minus *** 4                        | = 1           |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus **                           | =             |
| Independent   | *                                | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus **                           | =             |
| Ind pendent   | *                                | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE    | OR | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 |
| X\$ 9=    |        | OR | X\$18=    | 90     |
| X43=      |        | OR | X86=      | 86     |
| +145=     |        | OR | +290=     |        |
| TOTAL     |        | OR | TOTAL     | 986    |

SMALL ENTITY OR OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X43=             |                | OR | X86=             |                |
| +145=            |                | OR | +290=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X43=             |                | OR | X86=             |                |
| +145=            |                | OR | +290=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X43=             |                | OR | X86=             |                |
| +145=            |                | OR | +290=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |